Division of Private Occupational Schools Colorado Department of Higher Education 1560 Broadway, Suite 1600 Denver, CO 80202

OUT-OF-STATE AGENT'S PERMIT APPLICATION COLORADO PRIVATE OCCUPATIONAL SCHOOL

| State Use Only | | | | | | |
|----------------|--|--|--|--|--|--|
| Ck# | | | | | | |
| Date | | | | | | |
| Amount \$ | | | | | | |
| Bond # | | | | | | |
| | | | | | | |
| Action | | | | | | |
| Approved | | | | | | |
| Denied | | | | | | |
| Date | | | | | | |
| | | | | | | |

\$550 annual fee must accompany application.

| 1. | Name: | | | | Home Phone | | | | | |
|-------------------|-------------------------------|---------------|------------|-------------|------------|-------------|---------|---------------------------------------|---------|----------|
| | | Last | First | | MI | | | | | |
| _ | | | | | | Bus. Pho | ne | | | |
| 2. | Residence | : Street | | | | City | | | State | Zip Code |
| 2 | Franksiins | | | | | • | | | State | z.p couc |
| ٥. | Employing | School: | | | | | | | | |
| Bu | ısiness Add | ress of Schoo | ol: | | | | City | | Ctata | Zip Code |
| | | | | | | | , | | State | zip Code |
| 4. | Date of Birth: Month Day Year | | | Vear | Place | e of Birth: | City | | | State |
| | | | | | | | | | | |
| | | ent History: | • | | _ | • | | • | | . , |
| • | | g with your r | nost recer | nt positior | n and worl | king back. | If more | e space | is need | led, |
| atı | tach a sepa | rate sneet. | | | | | | | | |
| En | nployer | | | | Joh | Title | | | | |
| Ad | ldress | | | | Fro | om | | To | | |
| Su | ipervisor's N | Name | | | _ Ph | one No | | | | |
| En | nployer | | | | Jol | Title | | | | |
| Address | | | | om | | | | | | |
| Supervisor's Name | | | | _ Ph | one No | | | | | |
| En | nployer | | | | Jol | Title | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | om | | | | |
| Supervisor's Name | | | | | one No | | | | | |
| En | nployer | | | | Jol | Title | | | | |
| | | | | | | om | | | | |
| | | Name | | | | one No | | | | |
| _ | | | | | | , , | | 113.7 // | , | ' |

6. Mark the appropriate answer below. If any question below requires a "Yes" answer, attach to this application a written explanation of your answer as well as official documentation. Court documentation which details the date of and circumstances surrounding the case (including, if applicable, charges and disposition of the case which demonstrates completion of any probation or court ordered terms) is required for criminal history "yes" answers. (Please note: failure to accurately report criminal history may be grounds for immediate board action including but not limited to revocation of agent permits or letter to operate as a private occupational school in this state.)

| a. | Have you ever: Been licensed as a private school sale | es agent in Colorado? | Yes No | | | | | | |
|---|---|------------------------------------|--------------|--|--|--|--|--|--|
| | Been licensed as a private occupation | | | | | | | | |
| D. | other state? | ar school sales agent in an | Yes No | | | | | | |
| c. | Been convicted of or pled to a felony; | or are felony charges pen | ding? Yes No | | | | | | |
| d. | Been convicted of or pled to a misder violation); or are misdemeanor charg | for a minor traffic Yes No | | | | | | | |
| e. | Been dismissed or allowed to resign f unprofessional conduct? | ral or Yes No | | | | | | | |
| f. | f. Been denied; revoked; relinquished; or otherwise prevented from obtai a private occupational school license in this or in any other state? | | | | | | | | |
| g. | Been refused bonding by any surety of | Yes No | | | | | | | |
| h. | Been a private occupational school ov | vner before? | Yes No | | | | | | |
| AFFIDAVIT OF APPLICANT | | | | | | | | | |
| State of | | | | | | | | | |
| Count | y of | , where with | essed. | | | | | | |
| and Regulations promulgated pursuant thereto, and has read the Law and the Rules and Regulations, and further that the above notice has been read, and that each of the statements in this application and all items attached to this application are true and correct in content to the best of my knowledge and belief. | | | | | | | | | |
| | | Signature of Applicant | | | | | | | |
| Subsci My co | Subscribed and sworn to before me thisday of, 20 My commission expires | | | | | | | | |
| | | Notary Public | | | | | | | |
| AFFIDAVIT OF SCHOOL | | | | | | | | | |
| Count | or v of | where with | essed. | | | | | | |
| State of | | | | | | | | | |
| | | Signature of Owner or Officer of S | School | | | | | | |
| | ribed and sworn to before me this mmission expires | | , 20 | | | | | | |
| | | Notary Public | | | | | | | |